

COMMONWEALTH OF MASSACHUSETTS

Commission Against Discrimination  
One Ashburton Place, Room 601  
Boston, MA 02108  
(617) 994-6000  
(617) 994-6024 fax

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Case Name: \_\_\_\_\_  
Docket No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Answers Due by: \_\_\_\_\_

*For Internal Use Only*

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FOR COMPLAINANT:  
QUESTIONNAIRE AND DOCUMENT REQUESTS ON  
**RETALIATION**

To file a complaint of retaliation, which concerns employers taking adverse employment actions against someone for opposing discrimination, you must allege that you engaged in protected activity at your workplace. Protected activities may include, but are not to be limited to: *filing a Complaint with the Commission, complaining about discrimination to your employer, or supporting another employee in his/her complaint of discrimination.*

1. Please identify the protected activity you engaged in.

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2. Please state the name of the person to whom you directed your complaint(s).

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3. On what date or dates did you engage in this activity?

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4. Was your employer aware that you engaged in this activity? List the name and position of each person who knew of your activity.

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5. How did your employer become aware of your activity?

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6. In order to file a complaint of retaliation, you must also allege that your employer took an adverse employment action against you. Adverse employment actions may include, but not be limited to, harassment, different terms and conditions of employment, discipline, or termination. What, if any, adverse employment action do you claim that your employer took against you?

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7. On which date or dates did your employer take such action?

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8. Did your employer give you a reason or reasons that it was taking such action? What was/were the reasons given?

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9. Were you harmed by your employer's action(s)? State how you were harmed and the person(s) involved with taking the action.

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10. Please list the name(s) and phone number(s) of any witnesses who might verify or support your allegations.

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In addition to the documents already requested, please provide us with the following:

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Signature of Complainant

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Date

***Please mail or fax your answers and supporting documents to:  
Keith Healey / Tania Taveras at:***

***MCAD, One Ashburton Place, Room 601, Boston MA 02108      Fax: (617) 994-6040***